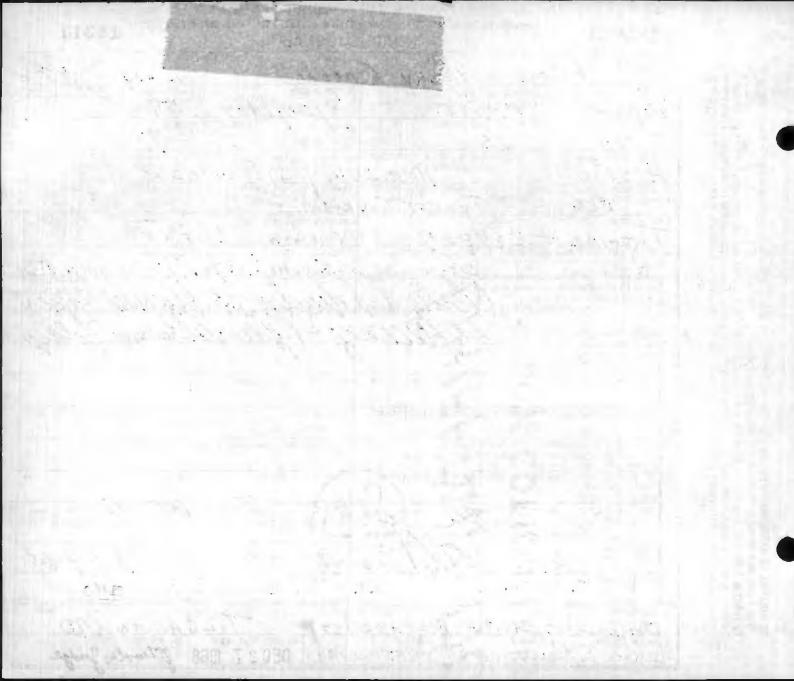
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-4	0	0	4	ell.
1	0	J	1	1

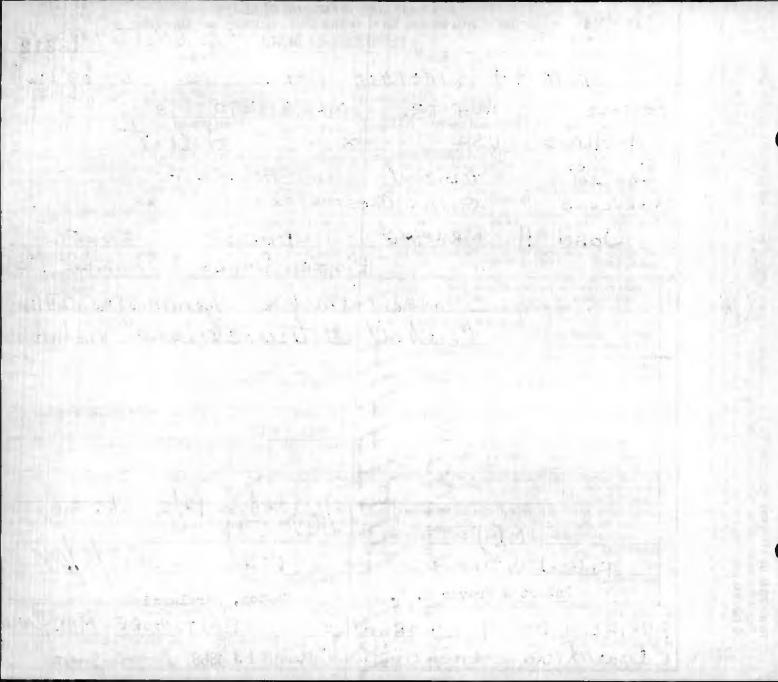
		2000	CERTIFICA	IE OF DEATH	Total Control	CONTRACTOR OF THE PARTY OF THE		
	ECEASED-NAME Firs	st Middle		Lost	20. DATE OF	44	W -	2b. HOUR
1	Type or print)	vert HENRY	1 (1)	DORA .	S. C. S. C. C. C.	Month Day	- Yeor	PSZA.
1. 5	EX	4. RACE	\$.	DATE OF BIRTH		6. AGE (In years	HE UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS
	MALE	WHITE		8/21/1	909	lost hithday)	MONTHS DATA	HOURS MIR
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
DU	ntry) MD	US	WIDOWED	DIVORCED	TA	1607		. A
0.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street oddress)	STITUTION (If not i	/// during m		(Kind of work done life eyen if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	USUAL RESIDENCE (Where dece	osed lived, if institution: Residence before	13c. CITY OR TO			REET AND NUMBER		
dm	nission) STATE D	13b. COUNTY TALBOT	TILGH	VEC -				
4.	FATHER'S NAME First	Middle Lost	1S. A	NOTHER'S MAIDEN NAME	First	Middle		Lost
Ī	1 Homast	4. COOPER		VIRBINI	AL.	KOE		
	WAS DECEASED EVER IN U.S. A	(a word of distance of sacrana)		ORMANI	0	Address		44
	Tes, to, or blikliowith	213-01-3	305 CAR	SKOBERT	00 PE	R. 11401	4 MAN	LUID
	18. CAUSE OF DEATH (Enter	only one cause per life (of so), (b), and (c)	5 111	7 #	0	. [.]	APPROXI BEDAGEN (	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUS		11/10	MILANIAN	0 /1/1/	MANGE	11/4	1111
	470 × 1000	DUE TO, OR AS A CONSEQUENCE OF	100	tractic from	1000		7	1
	Conditions, if ony, which gove		11111	1-1/1/1	Much	el Buier	a Con	111-
	rise to immediate couse (a)		1	er i comin	wolfe	when all	7	ax ()
	stoting the underlying coust lost.	(6)						-
	PART 2: OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART I(o)		
_	4218					-,-,		
CERTIFICATION	190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS PE	ERFORMED	20o. AUTOPSY?	20b. IF	YES, WERE FINDINGS C	ONSIDERED IN C	ERTIFYING
FIC				YES NO F	CAUSES	OF DEATH?		
CERT	21o. ACCIDENT WAS UNDERLY	rING 21b. TIME OF INJURY	21c. HOW	INJURY OCCURRED (Ent		ry in Port 1 or Port 2.	Item 18.1	
3	OR CONTRIBUTING CAUSE OF OR	EATH HOUR A.M. Month Day Year		(		,		
MEDICAL	(If either, notify medical exor		ICTORY 3 215 LOCA	TION Street or P.E.D. No.	n City	or Town	County	Stote
	***************************************	le. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	211. 200	) Sileer of K.I.D. N	o. cny	1 town	Coomy	31016
	DI WOIK DI WOIK		if	200	118 10 6	79//	100 Abov	DV 1
	220. I certify that (I) (1	this hospital) attended the deceas	ed from and	that in (my) (our) op		necurred on the de		
	causes stated aba	ve, (t) (we) (did) (did not) view the	body after de	oth.	millon deom (	occorred on the do	ie oliu lioui	Oliu il Olii II
	22b SIGNATURS	111111	5/1	The state of the s			DATE SIGNED	
	18. VIIIA	////halx	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	2-24	-68
	22d. PHYSICIAN'S	4 COM CONT		22e, ADDRESS			-	
	NAME (Type) R. I	ANE WROTH	M. D.	ST. MICH	HAELS, 1	MARYLAND	21.663	
230	BURIAN CREMATION, 236	D. DATE 23c. NAME OF	CEMETERY OR CE	REMATORY	23d LOCATIO	ON (City or Town)	(County)	(Stote)
-	-REMOYAL (Specify)		HODI		1	GHMAN	-500	7
24	FUNERAL DIRECTOR	ADDRESS		250. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S		
1/	Pulie + 1/		Aston		9 7 190			40

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24-hours after death. Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carban pagess. Pages Feould be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 hours

VR A15 (4) 30M REV. 1/68



		MARYLAND STATE DEPARTMENT OF HEALTH
4		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201
,		CERTIFICATE OF DEATH (Aufiliate)
를 _2록		ECEASED-NAME First Middle , Last 2a. DATE OF CEATH 2b. HOUR
dea	-	Type or print) EMMA VIRGINIA DADDS 12 Month Say Year 610 FM
fur fer	3. \$	4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 14 FAX. IF UNDER 24 FAX. I GOVERNMENT IN JURY MONTHS CAYS HOURS MIN.
urs after y the for Pages urs afte		PEMALE WHITE MAR. 8-1890 78" YRS.
n 24 hours after death illed in by the funeral papers. Pages 1 and 2 nin 72 hours after death	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 th		MARILAND USA WIDOWED DIVORCED J Galbar Md.
i	10.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life evan it retired.)  12a. USUAL OCCUPATION (Kind of wark dane during most of warking life evan it retired.)  11b. KIND OF BUSINESS OR lind of wark dane during most of warking life evan it retired.)
od with	122	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 shauld be detached far use as the burial-transit perfilt. Then please remave carbon papers. Pages 1 and 2 ed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death	odn	USUAL RESIDENCE (Where deceased lived, if institution: Residence before lists on LAND LAND LAND LAND LAND LAND LAND LAND
exe emo any	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
be n or		JOHN H, KRAMME LOUISE ENGEL
rtificate be ex physician and en please ren aval, and in an		1. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war or dottes of service) 16b. SOCIAL SECURITY NO. RICHARD DADDS - STEVENSVILLE MD.
phy Jen ava	-	Dissayary without
death ce		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
B ( E 5)		IMMEDIATE CAUSE (a)
the e		Canditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave)
y th y th emo		rise to immediate cause (a).
icion the house of		stating the underlying cause   DUE TU, OR AS A CONSEQUENCE OF
equires that the d physician. signed by the affit burial-transit perr burial, cremation.	н	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law requires the attending physician. has been signed by se as the burial-train hariar ta burial, cre	2	3.37×
s bed so the soriar	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
r after afte	RTIF	YES NO CAUSES OF DEATH?
AN: The law re all or attending itate has been for use as the Health prior to		
Sicility Spring	MEDICAL	(If either, natify medical examiner) P.M. 19
HY has a lis a fach	12	While Not while (OFFICE BUILDING, FTC.
de the factor	ш	22a. I certify that (I) (this hospital) ottended the deceosed fram 100 5, 1968, to 1968, that (I) (we) lost
Afte Afte Stee	п	saw the deceased alive on
OR: jee		couses stoted above, (1) (we) (did) (did not) view the body offer death.
A SECTION	П	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
p p p p p p p p p p p p p p p p p p p		Robert W. Trever DEGREE PHYS. DIRECTOR L PHYS. L 176/68
TO HOSPITAL OR ATTENDING PHYSICIAN: The law raping 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be defached far use as the should be filed with the State Dept. of Health prior to	L	22d. PHYSICIAN'S NAME (Type) Robert W Trever M. D. Easton Monvile and
HOS UNI CUNI COULC	230	BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 5 A	F	3 EMPRY SPRINE BALTIMORE MARYLAND
VR AIR Y	24.	EUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE
30M REV. 738	(	Edgard. Lane - CHURCH HILL MODULAN 13 1969 policy Judge
IN		



director, page 3 should be filed v VR ATS

24 hours ofter death.

within

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

23a. BURIAL, CREMATION, REMOVA(Specify) 1 12-28-68 24. FUNERAL DIRECTOR

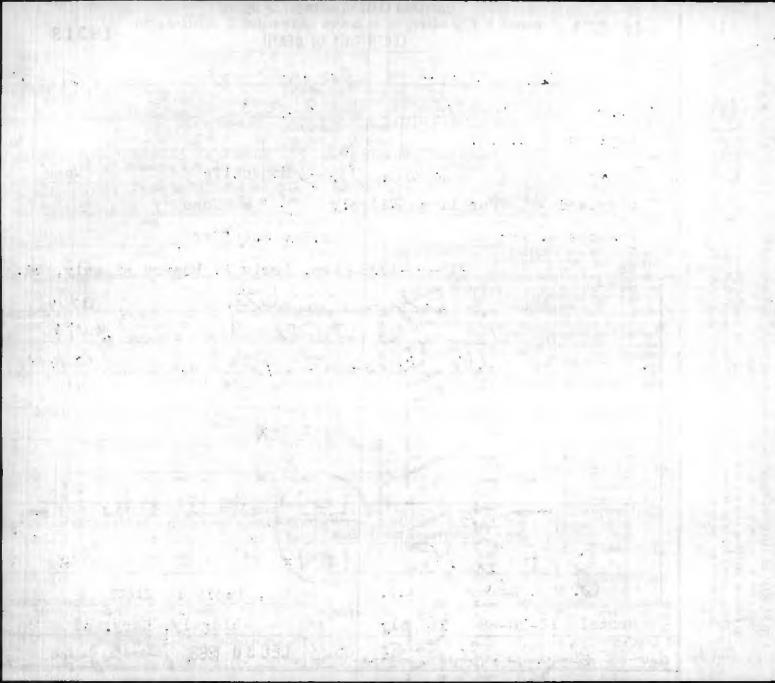
23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Ridgely **ADDRESS** 

23d. LOCATION (City or Town) Ridgely,

(State) (County) Maryland

2Sb. REGISTRAR'S SIGNATURE

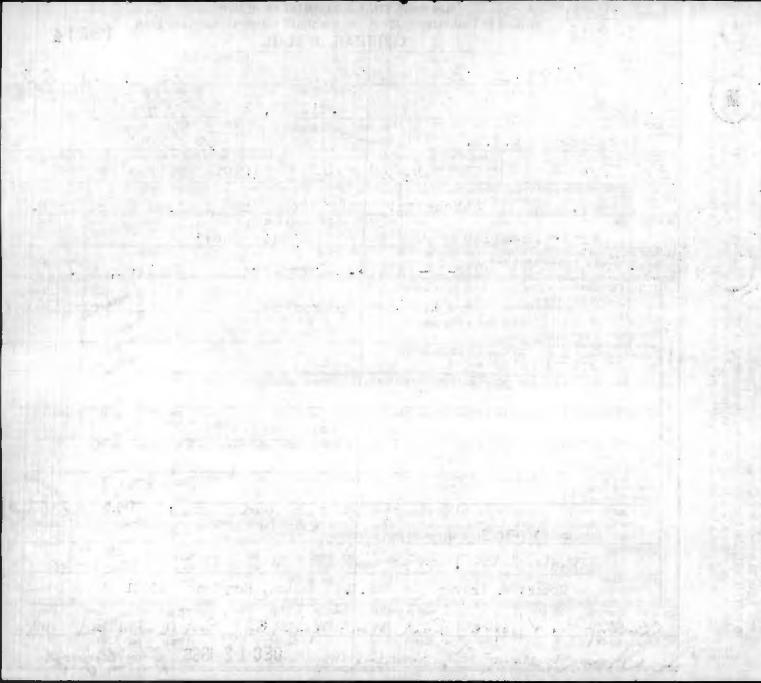


18314

	ECEASED-NAME Type or print)	First F/A//	F Middle	D	VEC	2a.	DATE OF DEATH Month	Doy	Xeps	2b. HOUR
3. S	EX	4. RACE	1 10		DATE OF BIRTH	1	6. AGE (In vi	eors	IF UNDER I YEAR	I IF UNDER 24 HRS.
-	tomolo		shito.	1	April I	3. I8	last hirthdo		ONTHS DAYS	HOURS MIN.
	BIRTHPLACE (State or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COU	INTY OF DEATH	-		<del></del>
COU	miry) Marylan	ā U.	S.A.	WIDOWED	DIVORCED		TAID	0/		M
10.	EASTON		11. NAME OF HOSPITAL OR give street address)	INSTITUTION (If not			UPATION (Kind of wor wasking life even if re KIE TACT		125. KIND OF INDUSTRY	BUSINESS OR
130.	USUAL RESIDENCE (Where o	leceased lived, if	institution: Residence befa	re 13c. CITY OR T	OWN 13d, INSI	OE CITY LIMITS?	13e. STREET AND NUM			
Darr	Md.	-18b. co	Dorches	ter Cam	bridge	NO E	Traile	r Cor	urt	RFD.
14.	FATHER'S NAME First		liddle Last	15.	MOTHER'S MAIDEN I			liddle		Last
		in Whea				tia S				
	WAS DECEASED EVER IN U.S. Yes, na, or unknown)	S. ARMED FORCES' is give wat or dates of se	Hvica)		FORMANT	ten.		Idress		
_	no		213-24-	1250 J.	Elmer	Dyes_	Hur	lock		IMATE INTERVAL
	18. CAUSE OF DEATH (En		e per line for (a), (b), and	(4).)	0					ONSET AND DEATH
		IMEDIATE CAUSE (		le m	yelon	e			Inca	tain
	Conditions, if any, which		O, OR AS A CONSEQUENCE	OF	0					
	rise to immediate cause	(o).	(b)							
	stating the underlying co	DUE T	O, OR AS A CONSEQUENCE	OF						
		) IT CONDITIONS OF	(c) Ontributing to death but	NOT DELATED TO	THE TERMINAL DICEA	CE OD COMPLETE	ON CIVEN IN DADT 1/a		<u> </u>	
	A 2 V	T COMDITIONS CO	MINIBULING TO DENTIL BUT	NOT KELATED TO	THE TERMINAL DISEA	SE OKCONDITI	ON GIVEN IN PART 1(0)			
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION WAS	PERFORMED	20g. AUTOPSY?	_	206. IF YES, WERE FIR	NDINGS CON	ISIDERED IN C	ERTIFYING
IFIC					YES 🗀	NO 🗔	CAUSES OF DEATH?			
	21a. ACCIDENT WAS UNDE	RLYING 21b.	TIME OF INJURY	21c. HOV		(Enter nature	e of injury in Port 1 or	Port 2, Ite	m 18.)	
MEDICAL	OR CONTRIBUTING CAUSE	examiner)	R.A.M. Manth Day Ye P.M.	19						
N	21d. INJURY OCCURRED While Not while at work		NJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.				City or Town	Ď,	County	State
	22a. I certify that (I	) (this hospite	of the december of the decembe	osed from	2-5	, 19_CB.	to 12-7	, 19_6	that	(II) (we) las
	saw the deceas	bave (I) (we	(did) (did not) view th	e hady ofter de	rnor in (my) (ou eath.	ir) opinion o	death occurred on	the date	and hour	and from the
	22b. SIGNATURE			T.M	)	/		22c. DA	TE SIGNED	<u> </u>
	R	obert	W. Trev	DEGREI	ALTENDINES P	MED. DIRECTOR	R STAFF PHYS.	12	-8-6	80
	22d. PHYSICIAN'S NAME (Type)	Robert I	V. Trever	M. D	22e. ADDRESS Easte	on, Mar	yland 21	601		
23a	BURIAL, CREMATION,	23b. DATE	23c. NAME (	OF CEMETERY OR C	REMATORY	23d.	LOCATION (City or Tox	vn)	(County)	(Stote)
	REMOVAL (Specify)	11 /11	0 48 Eas	t Mew	- Marki	ten.	East M.	m M	enhet	md.
24.	FUNERAL DIRECTOR		ADDRE	SS	25g.	REC'D BY REGIS		ISTRAR'S S	GNATURE	
1	Harmy	melle 15	was the	probabara	MA DATE	DEC 1	2 1968 🔏	May	Cay you	ye
				/					U	-

MARYLAND STATE DEPARTMENT OF HEALTH

Item6 FilmG407

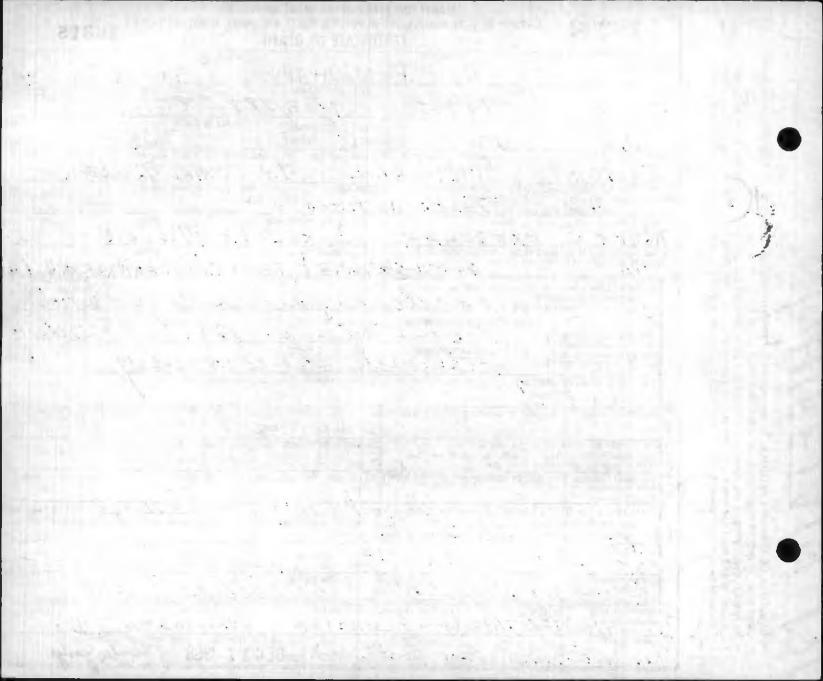


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

18315

	To:		CERTIFICATE OF DEATH
2 84	: 0)	1. D	CEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR
deoth cind	E U	(1	ype or print) HEALEV ( FOR OLLHAD Month Day Year 1530
		0.00	7-101/ A FAILADIAN 12 15 68 1 CAM
4/24	9	3. SE	The state of the s
	2 N	1	MALE WHITE 7/13/1884 BOOGHOOY) YRS. MONTHS WAIN
2	OUIS		SIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
od in Sign	Ĕ,	cant	
24 Pe	4		
filled pope pope		10. 0	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during grast of wasking life, even if April 1906).  12b. KIND OF BUSINESS OR during grast of wasking life, even if April 1906.
within 24 h	77	1	EASTON give smelloddress) ORIAL dying mast of wacking life, even if Modern WOLLENENT
	= 70	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER
omplet a	aven 20		STATE AND 13h COUNTY OF 15 YEST NO.
complet complet	D 0		THE DOT MITTAGEN = -
ond ren	6	14.	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost
¥ 0 .:	⊆ `	1	TOGER D. FARQUHAR GAROLINE (/ILLER
de lon de	Bug	160	WAS DEGRASED EVER IN U.S. ARMED FORCES? 1165. SOCIAL SECURITY NO. 117. ANORMANT
3 75	*	Y	
phy de	remova		es, no. of unknown) (11 yes give was at dates of service) 24276-5889 HININE F. HAMER, FREDERICKS BURG, YA
9 6	Ĕ		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  BETWEEN ORSE AND O
동 통고 S	0		PART I. DEATH WAS CAUSED BY:
affendi permit.	<u> </u>		IMMEDIATE CAUSE (o)
the deoth	5	1	DUE TO, OR AS A CONSEQUENCE OF 9
t t	00		canditions, if any, which gave rise to immediate cause (a). (b) Level Merica M.
s that toon.	Le Le		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
d b	<u>,</u>		lost 4701 watter affect affection navy
uire Nys Sine Brid	₽		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
Par Pig	20		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OF CONDITION SWELL IN PART 1(b)
ing ing	2	8	ans g
o pu	ē _	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
atte nos	9	Ĕ	YES NO Z? CAUSES OF DEATH?
e le		8	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)
AN	e L	1 .	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
日祖徳もで	0	MEDICAL	(If either, notify medical examiner) P.M. 19
YS September	E.	E	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City or Town County State
PHYSIC ne hospi rhis cent etoched	2		Time   Not William
하는 구호	Φ.	1	22a. I certify that (I) (this haspital) attended the deceased from 19 Web, 49 68, to 15 Mel 19 66, that (I) (we) lost
d by by	ž	1	saw the deceased alive an 2 196 8, and that in (my) (eur) apinian death accurred an the date and haur and from the
E SE	E e		causes stated above, (1) (we) (did not) view the bady after death.
Tie Gi	=	1	
ret ret	₹		226 SICNATORE AND ATTENDING MED. STAFF 22c. DATE SIGNED
De Se	9		DEGREE PHYS. DEGRE
A - 300	Ξ.,		22d. SMySICIAN'S
F E S	0		My m reeser & Amukael mg
Page 4 may O FUNERAL director, pog	i i	230	BURIAL CREMATION. 23b. DATE , 23c. NAME OF CHMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
ag ag eli	2	130	REMOVAL (Specify) 17517/1017 E-2-1 (ALC) 11/0541AL
5- 5	361	IV.3	EMATION I TITLE TORY LINE TO THE
VR AT	5 (4)	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M PE		11/1	Carrie & Maria DEC 17 1968 Ochania Gudas



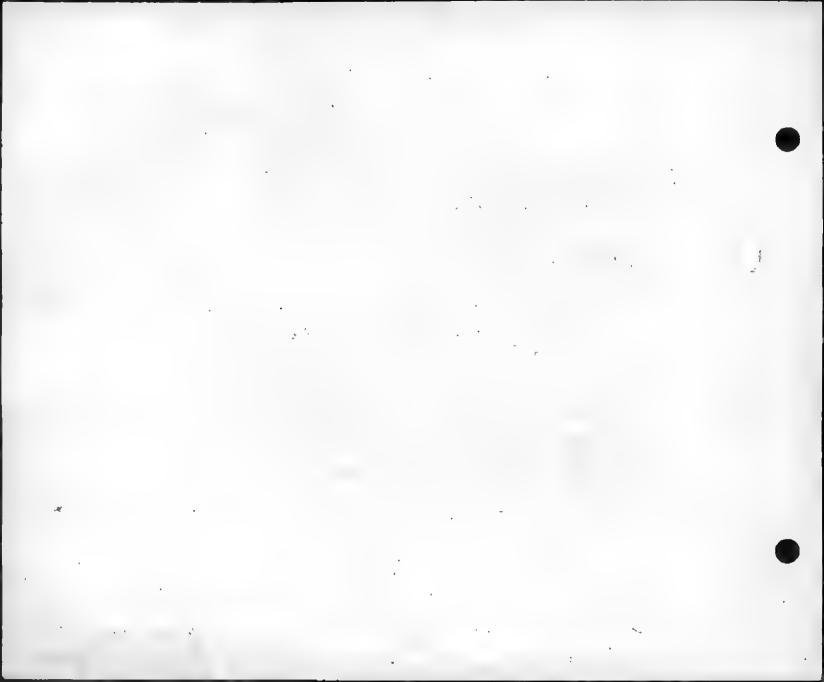
18303

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

18316

<u>-</u> 24				irst	Middle		Lost	20. DATE OF DEATH		2b. HOUR
neral and 2 death.		{1	ype or print)	MAS	Homson	1 7	727//	Month	Doy Yeor	~ N
fun 1		3 SE		4. RACE	1 1101-1401		DATE OF BIRTH	6. AGE (In ye	1/20	
205			M		41TE		. 1	last birthdo	y) MONTHS DAYS	S HOURS MIN
1 Z Z Z Z		7. 0	INTUDENCE ISAN AND AND AND AND AND AND AND AND AND A					8 90	YRS.	
ع الله			IRTHPLACE (State or foreign	76. CITIZEN OF W			MEASE WAKKIED	9. COUNTY OF DEATH		
illed Filled Popper			PENNA	4.5 A		WIDOWED [	DIVORCED [	(ALBO)		Md
		10 C	TY OR TOWN OF DEATH	11 N	AME OF HOSPITAL OR IN: street oddress)	TITUTION (If not i	n hospitol 120. USUA	L OCCUPAT ON (Kind of wor		OF BUSINESS OR
A B A		Te	IRAL TRAP	Z) Z= give	street oddress)		during mo	ist of working life, even if ri	etired) INDUSTRY	1 7-37171
a v lete arb		130	USUAL RESIDENCE (Where de	ceased lived, if institu	tian Residence before	13c CITY OR TO	WN 13d INSIDE CITY LIJ			7
s that the death certificate be executed within 24 hours at idea.  I by the attending physician and completely filled in by the I-transit permit. Then please refrave karban papers. Pages, cremation, at removal, and in any event, within 72 hours aft.	30	odmi	ssion) STATE MH RY	LAND COUNTY	TALBOT	TRAPA		Q-		
and and in an in a		14. F	ATHER'S NAME First	Middle	Last	15. M	OTHER'S MAIDEN NAME FI	rst M	liddle	Lost
e e			AUST	IN Men	TERMERY	Tien	WARAH	LIVEZEV	/	
rian eas and		160.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURИY I	IO. 17. INFO		Ac	ddress	4
\$ 18 m		Y	es, no of unknown) (It yes	give war at dates of service)		17	Do Tetano	TEDTU	TRAPPE	= AmPn
attending phy permit. Then ian, ar remova			-//				T TETTAL	· · · · · · · · · · · · · · · · · · ·	APPRÓ	DXIMATE INTERVA.
e attending physician at permit. Then please it then please it then please it then at a transor and in			1B. CAUSE OF DEATH (Enter PART + DEATH WAS CA	r only one couse per li HKFN RY:		)	. A-		BETWEEN	N ONSET AND DEATH
attendi permit. an, ar r			1MM	EDIATE CAUSE (o)	sente p	rulnes	7 200	~~	1 4	verk
ath ach an,			4121		AS A CONSEQUENCE OF		J	4 .		
事 幸 芸 曹			Conditions, if ony, which go	ve) (b)	arteriore	luatu	i heart	Visease	22	n stre
n. n. yy ( ans			rise to immediate cause ( stating the underlying cau	DUE TO, OR	AS A CONSEQUENCE OF					10
icio ed transfer			lost.	(0)						
physic physic signec burial burial			PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	JTING TO DEATH BUT N	OT RELATED TO TI	IE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART 1(6)		
a para para para para para para para pa								(-)		
An: The law re of ar attending icate has been far use as the Health priar ta		CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR WI	LICH OPERATION WAS PE	REORMED	20a. AUTOPSY?	20b IF YES WERE FIR	NDINGS CONSIDERED IN	CERTIFYING
ds ds pri	Y	F.	THE DAIL OF OTERATION	170. CONDITION TON 111	IIGI OI EIGHIOGI IIIG I E	C. OKINED	YES NO NO	CAUSES OF DEATH?	TOTAL CONTRACTOR IN	CERTITIFIED
e h use	" (	£RT:	21a. ACCIDENT WAS UNDER	LYING 216. TIME O	C BUILDY	Ins. How		and the second s	D-+ 0 (b 30)	
Ter Ter		SEC	CR CONTRIBUTING CAUSE OF			Zic. HOW	INJURY OCCURRED (Enter	nature of injury in Part 1 or	Port 2 Item IB.)	
		MEDic	(If either, natify medical ex	ominer) P.M.	11					
has bas ache		₹.	21d. INJURY OCCURRED	21e. PLACE OF INJURY	( AT HOME, EARM, STREET, EAR OFFICE BUILDING, ETC.	TORY.) 21F LOCA	TION Street or R.F.D. No.	City or Town	County	Stote
Se E E E			While Not while at work		•					
by the company of the		П	22a. I certify that (1)	(this hospital) att	ended the decease	d from 2	Dec , 196,	r, ta 22 1	e 19 600, the	at (A) (we) last
d b d b d b d b d b d b d b d b d b d b			snw the decenses	d alive an	1 dec 1	9.6 and t	hat in (mv) (au <del>r) o</del> nii	nian death accurred an	the date and hau	r and from the
# # # # # # # # # # # # # # # # # # #				ave, (I) (w <del>e) (did)</del>	(did nat) view the	bady after dec	ıth.			
■ 最 日 母 意			22b. SIGNATURE		20	0	ATTENDING — M	ED. CT STAFF CT	22c. DATE SIGNED	, ,
DIRE Bed 3			All	when of	Elleney	DEGREE	ATTENDING MPHYS.	ED. RECTOR PHYS.	12-22	-60
A A			22d. PHYSICIAN'S		710		22e. ADDRESS	117		
Page 4 may O FUNERAL director, po	Shaper	,	NAME (Type)	EPHEN	MARN	EV	1 -A-	STUNG / /D	3	
Page 4 Funel director	()	230/	BUR.AL, CREMATION, 2	3b DATE	23c. NAME OF	CEMETERY OR CR	EMATORY	23d. LOCATION (City or Tox	wn) (County)	(Stote)
2 0 9 E	V		REMOVAL (Specify)	DECNU G	8 CED	ARHI	- 4-	WASHING	276N -	DC
1	M	24	FUNERAL DIRECTOR	2 /	ADDRESS	-	2So. REC'D B'	Y REGISTRAR   2Sb REG	GISTRAR S SIGNATURE	
VR A15)	X68		AVADO . EL		Cont	2	A DE	0 2 6 1968	Ochania 1	uder



after death.

unerg

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled wr director, page 3 should be detached for use as the burial-transit permit. Then please remove carban pagers should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 in

TO HOSPITAL OF ATTEMBING PHYNICIAN: The law requires that the death pertificate lie executed within 244

Page 4 may be retained by the haspital or attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

18317

		٠٠٠٠ الله المطلق		CERTIF	ICATE OF DEATH			
		ECEASED-NAME FI	irst A.	Middle GRA	TTAN	2a. DATE OF DEATH Month Do	Yeor 25. HOU	JR 64
	3. SE		4. RACE	TE	S. DATE OF BIRTH  8-28-	6. AGE (In years last britalay)		MRS.
	COU	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT CO	WIDOW	ED DIVORCED	9. COUNTY OF DEATH  (A L B c	7	Md.
,	Z	CITY OR TOWN OF DEATH	give street o	MEMORIAL	HOSP. during from	NL OCCUPATION (Kind of work done ost of working life, even if retired.)		
-	odmi	USUAL RESIDENCE (Where dec	) 136 COUNTY) L	asidence before 13c. CITY  Botton	11044124	O TALBOT	- ST.,	
			Middle PRDSLEY	ALDEN	15. MOTHER'S MAIDEN NAME F		N E Lost	
		WAS DECEASED EVER IN U.S. / (es, na, o) unknown) (If yes p	eve wor or doles of service?	3-60-7964	Mes. Jamea.	ruin, Hamne	iten, n. J.	
		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME	IKED RV.	(a), (b), ond (c).) VCLUMB	mie		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  CLOCK	
,		Conditions, if any, which gos rise to immediate cause (a	o). [b]	Flee				
		stoting the underlying coursels.	DUE TO, OR AS A C					
	NC	Emplyser	na-seve	re, cor 11	to the terminal disease orchitectures of the terminal disease orchitectures or the terminal disease or the terminal diseas	l,	•	
	CERTIFICATION		9b. CONDITION FOR WHICH OP		20a. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?		
	MEDICAL CE	210. ACCIDENT WAS UNDERL ☐ OR CONTRIBUTING ☐ CAUSE OF I (If either, notify medicol exo	DEATH HOUR A.M. Moreominer) P.M.	nth Day Year		nature of injury in Port 1 or Part 2,	Item 18.)	
		at wark ot wark			LOCATION Street or R.F.D No.	City or Tawn	County State	}
		couses stated abo	(this haspital) attended alive an 2 ave, (I) (we) (did) (di <del>d i</del>	2 5- 1968	and that in (my) (ear) api er death.	nian death accurred an the d	that (I) (we)	last the
		22b FIGNATURE	mores	cerp:	EGREE PHYS.	IED STAFF 220	DATE SIGNED 6	
1		22d PHYSICIAN'S NAME (Type)	uy m Re	exerp	22e. ADDRESS	whoel.	nd	
	2	BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR	36 DATE 2,1969	23c NAME OF CEMPTERY  DE LA COLOR	n temilley	23d LOCATION (City or Town)  New Serg State  Y REGISTRAR 256 REGISTRAR	(County) (State)	4
8 %	X	taruson 60	Leonard L	It michael	JAN 3	y registrar 1969 256 registrar	Cas Judge	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18318 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED NAME First 2b. HOUR after death 14 haurs ofter death blety filled in by the funeral arban papers. Pages I and ent, within 72 hours after death (Type or print) 6. AGE (In years 3. SEX 4. RACE DATE OF BIRTH IF UNDER 1 YEAR JE LINDER 24 HRS last birthday) HOURS Male Col. April 12. 7s. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED IC NEVER MARRIED "Waryland U.S.A. DIVORCED [7] WIDOWED [ ] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if refired )
Retired Carpenter INDUSTRY None 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER or remayal, and in any even PHYSICIAN: The law requires that the death certificate be executed odmission) STATE NO I Ridgelv signed by the attending physician and cam burial-transit permit. Then please remave None 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle Georgia Ringold Isaac Henry 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, nd prynknown) 223-28-8278 I (If yes give war or dates of service) Willmina Henry Ridgely, Maryland APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) BRONIC rise to ammediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 as the GANKAH1240 O FUNERAL DIRECTOR: After this certificate has been AMPARIO SCLEROSII 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ Page 4 may be retained by the haspital ar 21st. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) Į THOR CONTRIBUTING THEATH HOUR A M. Month Day Year (If either, notify medical examiner) P.M. be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY ) 21f LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 3 saw the deceased alive an 12/29/65 19 , and that in (m causes stated abave, (H) (we) (did) (did) view the bady after death. \_\_\_\_, 196 8 , ta\_/2 /30/68 19\_ and that in (my) (our) apinian death accurred an the date and have and fram the 22b. SIGNATURE 22c. DATE SIGNED director, page 3 should be filed v DEGREE DIRECTOR 22d. PRYSICIAN'S 22e ADDRESS Easton, Maryland 21601 NAME (Type) Dorsett Smith M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL Specify 1-2-69 Denton n. Caroline
256 REGISTRAR'S SIGNATURE Denton. 24. FUNERAL DIRECTOR **ADDRESS** 25a, RECD BY REGISTRAR VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18310

				T. 1.0			CERTIFICA	TE OF DEA	ATH			1001	J
표 -	三 手 二	ľ		(EASED-NAME First upe or print)		Middle		Lost	20.	DATE OF C	EATH Month Da	Van	2ь. ноп
death.	音			GRA		NTHIA I	IORNEY				ecember 2	7, 1968	
ours after by the fu	Solder		3. SE) F	emale	4. RACE	White		ovember	25, 18		6 AGE (In years last birthday) 83 YRS.	MONTHS DAYS	F JNDER 24 HE HOURS MI
1 1	no /Z hour		70. B caum	RTHPLACE (Stote or foreign ry)	76. CITIZEN OF WHUSA	IAT COUNTRY?	8. MARRIED	NEVER MARRIED DIVORCED	<u>~</u>	UNTY OF I	bot Count	y	
ithin J	75.	17)		TY OR TOWN OF DEATH St. Michaels		AME OF HOSPITAL OR II	ISTITUTION (If not i	du	o. USUAL OCC uring most of Ompani	warking li	Kind of work done fe, even if retired.)	126. KIND OF INDUSTRY	BUSINESS OR
requires that the death certificate be executed within g physician. s signed by the attending physician and campletely (III)	cart.		I3a. I	JSJAL RESIDENCE (Where deceo sion) STATE arvland	sed lived, if institution 176. COUNTY	on Residence before	13c CITY OR TO	JWN 13d 195	HOE CITY LIMITS?		ET AND NUMBER		
ond co	remave any ev	-2'		ATHER'S NAME First	Middle	Last	15. A	NOTHER'S MAIDEN			Middle		Lost
be n ar	din				D. Horney				Godwi	n			
cate	olease , and i		16a. Ye	WAS DECEASED EVER IN U.S. AR s, no, or unknown) (If yes give	MED_FORCES? war or dates of service)	16b SOCIAL SECURITY					Address		
phy phy	ien please aval, and i		_					nard G.	Horney	, Hen	derson, N		MATE INTERVAL
ath ce nding	iit. Th			18. CAUSE OF DEATH (Enter of PART 1 DEATH WAS CAUSE IMMEDI		pe for (a), (b), and (c	Allen	21111	lux.	11.6	11/1/11		HSET AND DEATH
it the death cer the attending p isit permit. The matian, ar rema				Canditions, if any, which gave	DUE TO, OR A	IS A PONSECTURNICE OF	1 4 1	luti	1/20	heel	11/1:	12	11
hat t n. sy th	ransit			rise to immediate cause (a), stating the underlying couse;	(b)	LS A CONSEQUENCE OF	MICAL	roll	11/10/17	MA	UI BUS	7/1	M
aquires the physician. signed by	al, a			last.	(c)								
v requi			N	PART 2 OTHER SIGNIFICANT CO 420 (	NDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISE/	ASE OR CONDIT.	ION GIVEN	IN PART 1(o)		
The law attending that has been	for use as the Health priar ta	X	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?	№ □		'ES, WERE FINDINGS ( OF DEATH?	ONSIDERED IN CE	ERTIFYING
÷ = =	for u		MEDICAL CER	21a. ACCIDENT WAS UNDERLYI or contributing cause of dea (If either, notify medical exam	ITH HOUR A.M.	Month Doy Yeo	21c. HOW	INJURY OCCURRED	Enter natur	e af injury	in Part 1 or Port 2,	Item 18.)	
PHYSICIAN ne haspital (	etachec Dept. c					AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.		TION Street or R	F.D. Na.	City o	J Town	County	State
ATTENDING etained by the CTOR: After t	be d State			22a. I certify that (I) (the saw the deceased concurrence of the saw the deceased concurrence of the saw the saw that the saw the saw that the saw t	nlive on 12	ended the decea (did not) view the	sed from 2/ 19/28, and to body after de	hat in (my) (erath.	, 19. <u>27 /</u> 7 , ur) opinian	to_22 death o	curred on the do	(28), that ate and haur	(I) (we) I and fram t
2 S S S S S S S S S S S S S S S S S S S	ge 3 shauld led with the			226 SIGNATURE	11/4	A/FI	1 DEGREE	ATTENDING PHYS	MED.	ır 🗆	STAFF PHYS. D 22c	DATE SIGNED	-68
TO HOSPITAL Page 4 may 1 TO FUNERAL D	ar, page 3 d be filed	1		PHYSICIAN'S NAME (Type) R.	LANE WRO	OTH, M. D.		22e. ADDRESS St.	Michae	1s, N	laryland		
HOX ge 4	director		23o	BURIA., CREMATION, 23b.	DATE	23c. NAME O	CEMETERY OR CR	EMATORY	23d	LOCATION	(City or Town)	(County)	(Stote)
5 5	चर				c 30, 19		t Cemete		255	St.	Michaels	, Mary1	and
20	VR A15	NA	242	FUNERAL DIRECTOR	4	ADDRES	11	) 2Sa.	REC'D, BY REG	ISTRAR 40.0	2Sb. REGISTRAR'S	SIGNATURE	Late



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

48000

requires that the death certificate be executed within 24 haurs after death.

attending

be retained by the haspital or

18320

CERTIFICATE OF DEATH tays the funeral Pages 1 and 2 axirs after death. Middle DECEASED NAME First 20. DATE OF DEATH (Type or pnnt) 3 SEX A RACE S. DATE OF BIRTH AGE (In year IF LINDER + YEAR IF UNDER 25 lost purthday) MONTHS OAYS HOLRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR chrbon/ give street oddress) INDUSTRY 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before CITY OR TOWN 13e\_STREET AND NUMBER and compile 13b COUNTY Lost MOTHER'S MAIDEN NAME First Lost signed by the attending physician andi 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes Ao or unknown) (If yes give war at dates of service) ar removal, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH (b) Calcufin antie
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate cause (a), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) fa OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. be detached 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work causes stated abave, (1) (we) (did nat) view the bady after death 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR directar, page shauld be filed PHYS. PHYS 22d. PHYSICIÁN'S 22e. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 250. REC'D BY REGISTRAR FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 30M REV. 768



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	ttASLE-NAME Prist Middle Last 2a. DALE OF DEATH 2b HOUR Vene or print) C 2a. DALE OF DEATH 2b HOUR Vene view of the control of									
	Type or print) GERRARD HUVERS Month Day - Year 8 45 N									
3 SE	X 4. RACE S. OATE OF BIRTH 6 AGE (In years IF UNDER YEAR IF UNDER 4 HRS									
	MALE WHITE 12/25/15 S LOST BIRTHDAY) ANY HOURS MIN.									
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIEO NEVER MARRIEO 9 COUNTY OF DEATH									
Laur	MEDOWED DIVORCED TALOO . MICH									
10. 0	TTY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not ip hospital  12a USUAL OCCUPATION (Kind of work done during most of work not life, even if cettred)  11 NAME OF HOSPITAL OR INSTITUTION (If not ip hospital during most of work not life, even if cettred)  12 USUAL OCCUPATION (Kind of work done life, even if cettred)									
	EASTON give street oddress) MEMORIAL during most of working life, even if retired) INOUSTRY									
	HEREI DESIDENCE CUE									
COLL	USUAL RESIDENCE (Where decedeed lived, if Institution: Residence before list. CITY ON TOWN 134 INSDICTIVE WHITE IS STREET AND NUMBER 13b COUNTY Talkot 25 INC. 117 ON TOWN 154 INSDICTIVE WHITE IS STREET AND NUMBER 155:000 STATE 160 INSDICTIVE WHITE IS STREET AND NUMBER 155:000 STATE 160 INSDICTIVE WHITE IS STREET AND NUMBER 155:000 INSDICTIVE WHITE IS STREET WHITE IS STREET AND NUMBER 155:000 INSDICTIVE WHITE IS STREET WH									
14. 1	FATHER'S NAME First Middle Last IS. MOTHER'S MA.DEN NAME First Middle Last									
	Francis Fuvers unk									
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address (es, nd, gr unkngwn) (if yet give word days of service) 17 1 1 20 20 20 20 20 20 20 20 20 20 20 20 20									
	Titalitate , C Tee Territor Tee Antigen Des 1961. Des 1961.									
	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  APPROX MATE INTERVA. BETWEEN ONSET AND DEATH									
ш	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PETE LEFT VENTRICULIAR FAILURE 12HOUR									
	44/00									
	Conditions, if only, which gove)  rise to immediate couse (a).  The TBOSIS									
1	stoting the underlying couse OUE TO, OR AS A CONSEQUENCE OF									
	lost. (c)									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
NO	DIABRIES MELLITUS									
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
ERTIF	LEZ   NO									
	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)									
MEDICAL	(If either, notify medical examiner) P.M. 19									
25	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D No. City or Town County Stote									
	While Not while at wark OFFICE BUILDING, ETC.									
	22a. I certify that (1) (this haspital) attended the deceased fram 1957, 19, ta 12, 15, 19, 68, that (1) (we) las saw the deceased alive an 12, 15, 19, and that in (my) (out) apinian death accurred an the date and haur and tram the									
	causes stated above, (I) (we) (did) (did not) view the body after death.									
	22b. SIGNATURE 22c. DATE SIGNED 1									
	C. W. Yam DD DEGREE PHYS. DI 12/16/68									
	22d. PHYSICIANS 22e. ADDRESS									
	NAME (Type) C. K.W. BAIN 210 DOVER, EASTON, 12									
23a	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)									
	REMOVAL (Specify) 10/10/68   Caring Hill   Baston, Talbot, Yanglood									
	FUNERAL DIRECTOR 25a. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE									
9	I AM D. HENERS D Enoton WH, DATE DEC 20 1968 Scharles Judge.									

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by to director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pageshould be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certifings 4 may be retained by the hospital or attending physician. VR A15 (1) 30M REV. TYPE

Executed within 24 hours ofter death.



		MARYLAND STATE DEPARTMENT OF HEALTH
14	l .	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18322
	_	tem13 FilmG408 1/15/69 kk CERTIFICATE OF DEATH
er death. funeral i 1 and 2 fer death.	1 DI	ECEASED-NAME (YPE or print) A ralline RUTH Kirly 20. DATE OF DEATH Month Doy Year 3 A
by the funeral Pages 1 and 2	3. SI	F W SEPT 3, 1913 IST BUT ODY) YRS. MONTHS DAYS HOURS M
A haur	COU	BIRTHPLACE (Stote or fore gn 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED   9 COUNTY OF DEATH   11ty) M D   WIDOWED   DIVORCED   7 A / E C   T
law requires that the death certificate be executed within 24 hours after death nding physician.  been signed by the attending physician and completely filted in by the funeral sthe burial-transit permit. Then please regarde carbon paths. Pages 1 and 2 ior to burial, crematian, or remaval, and a only event, within 22 hours after death		THY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital dyring most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done give street oddrags)  WICH A FOSTILA
e executed withing and completely.	odm	USUAL RESIDENCE (Where decessed lived, if institution: Residence before ission) STATE ND   13b COUNT AROLLNE DETITOR   13d Inside CITY LIMITS?   13d
ate be ex ician and lease rega		FATHER'S NAME First Middle Lost S. MOTHERS MAIDEN NAME First Middle BURKIS
physicia physicia en plec aval, ar	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or you in guy) (It you give war or dates of service)  16b. SOCIAL SECURITY NO  17 INFORMANT  17 INFORMANT  18b. SOCIAL SECURITY NO  18b. SOCIAL SEC
it the death certificate the attending physician isst permit. Then please matian, or remaval, and		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Courte prefer day any edicate  Listo.
at the d the att sit per matian,		Conditions, if ony, which gove rise to immediate cause (o), (b) Caron any alhers duratic let his care 10 yrs
equires that th physician. signed by the burial-transit p		storing the underlying couse (c)
e law requi sending phi s been sign as the bur prier ta bur	ON	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).
: The law ratending at attending le has been use as the alth prior to	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY?  YES NO SEE 11 YES, WE'RE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: The law requires the e haspital ar attending physician. his certificate has been signed by stached far use as the burial-traident of Health priar to burial, cre	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING  or contributing cause of ocath HOUR A.M. Month Doy Yeor (If either, notify medical examiner)  21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
G PHYSIC the haspi this certi detached te Dept. ar	₩.	21d INJURY OCCURRED While Not while of work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)  21f LOCATION Street or R.F.D. No. City or Town County State of work
may be retained by the haspital ar attending physician.  RAL DIRECTOR: After this certificate has been signed by the attending phys, page 3 should be detached far use as the burial-transit permit. Then be filed with the State Dept. of Health priar to burial, crematian, or remayal		22a. I certify that (I) (this hespitel) attended the deceased fram (I) (my) (ser) apinian death accurred an the date and hour and from to causes stated above, (I) (we) (did) (did not) view the bady after death.
Page 4 may be retained  To FUNERAL DIRECTOR: A director, page 3 should Should be filed with the		226 SIGNATURE MED. DEGREE ATTENDING MED. DIRECTOR D STAFF DIRECTOR D STAFF DIRECTOR D 23 KLE C8
ro Hospital of Page 4 may be of FuneRal Dir director, page shauld be filed		22d. PHYSICIAN'S NAME (Type) THURSTON HARRISIN 220. ADDRESS Kanton Many Cond
TO HO Page direct	120	BURIAL CREMATION, 236 DATE 23, 1968 236 NAME OF CEMETERY OR CREMATORY DENTON (County) (County) (Stole) DENTON CORC. M.D.
30M REV LES	10	FUNERAL DIRECTOR ) Hove, Denton Transferd DATE DEC 27 1968 Octions Quele



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **信見り手()** 18323 CERTIFICATE OF DEATH I. DECEASED-NAME Middle 20. DATE OF DEATH First Last 2b HOUR (Type ar print) Decem ENI 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 10-28-85 WITTE PENALE completely filled in by within 24 haur 70. 8IRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) / 1:J WIDOWED TO DIVORCED [ TALBOT 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of work no ite, eyen it retired) INDUSTRY pan EASTON 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY LUM 15? admission) STATE 13b. COUNTY, signed by the attending physician drate co burial-transit permit. Then please remov burial, crematian, ar remaval, and in any 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle requires that the Leath certificate be NS 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (It was give war or dates of service) Yes, na, or unknown) 20 ONSYLL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave } nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the I O FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? letached far use a Dept. of Health p YES | NO D 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram 101 saw the deceased alive an 12-116 19, and that saw the deceased alive an 12-711 \_, and that in (my) (aur) apinian death occurred an the date and haur and fram the be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF director, page 3 shauld be filed v DIRECTOR PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION (State) (County) SPRING TS704, 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18324 CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE OF DEATH 2b. HOUR be executed within 24 hours ofter death. (Type or print) 3. SEX 6 AGE (In years last\_birthday) 7b CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED MEVER MARRIED 9. COUNTY OF DEATH Completely filled in WIDOWED 🖂 DIVORCED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work, done 10. CITY OR. give street oddress) dritha most of working life, even if retired) carbon 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before # 13d. NSIDE CITY LIMITS? 13c CITY OR TOWN 136 COUNTY 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Lost physicidn\_and please requires that the deoth certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Yes, no, or unknown) signed by the attending physi buriol fronsit permit. Then pl buriol, cremotion, or removal, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Proumonia week IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) equesure rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 NO F 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 12-27, 1965, to 12-30, 1965, that (I) (we) last saw the deceased alive an 12-29 1968, and that in (my) (our) opinian death accurred on the date and hour and fram the couses stated above, (I) (we) (aid) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED In.D. ATTENDING MED DIRECTOR STAFF PHYS. 12-30-68 DEGREE PHYS Page 4 moy 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) ROBERT director, should b 23d. LOCATION (City or Town) . 23c NAME OF CEMETERY OR CREMATORY 23o. BUR AL, CREMATION (County) (Stote) STEVENSVILLE STEVENSVILLE

24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

18325

	CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
(1	ype or print)	(	2 -1	Month Day	1 68 9 2 M
3. Si	X 4 RACE	<u>xannm</u>	Is date of birth	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
J. J.		ite	June 19,189	つス   lastybathdoy)	MONTHS DAYS HOURS M.N.
_				TKJ.	
7a	BIRTHPLACE (State or foreign 7b CITIZEN OF I		D NEVER MARRIED 9	COUNTY OF DEATH	
tuo	uiry) Md. U.S	· A · WIDOWE	D DIVORCED	Talket	M
10. (	ITY OR TOWN OF DEATH	NAME OF HOSPITAL OR INSTITUTION (I	f not in hospital 12a USUAL	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	J= X - giv	e street address)	duling mo	t ay mounding and frathed)	INDUSTRYNOne
10.	1-asin	Monoral			1.0110
odhi	USUAL RESIDENCE (Where deceased lived, if instit				
TA	arylland hoguer	en Anne Quee	n Anne YES NO	x None	
14.	ATHER'S NAME First Middle	Last	15. MOTHER'S MAIDEN NAME Fir	st Middle	Last
	James Lord		Martha (	Cannon	
160	WAS DECEASED EVER IN U.S. ARMED FORCES?	16b SOCIAL SECURITY NO. 17	7. INFORMANT	Address	·
100	es, ng; or unknown) (til yes give wor or dates of service)				35 3 3
	.140	181-05-1235	Beulan Por	d Queen Anne,	
	18. CAUSE OF DEATH (Enter only one cause per	line far (a), (b), and (t).)	2		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	Circlical 14	ionabrei - de	A lever please	alden
	1/22 IMMEDIATE CAUSE (a)			1	
	,	R AS A CONSEQUENCE OF			,
	Conditions, if any, which gave (b).				
	stating the underlying cause DUE TO, OF	R AS A CONSEQUENCE OF			
	lost. (c)				
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(o)	
	· · · · Chrose i	D / fm.	un teredre		6
NO	Capparate and a second	a reed we ca	- le	20b IF YES, WERE FINDINGS (	CONCIDENCE IN CERTIFICATION
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR V	VHICH OPERATION WAS PERFORMED	20g. AUTOPSY?	CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
ZIFI			YES MO	Groupe of Berry	
8	21a. ACCIDENT WAS UNDERLYING 21b TIME		HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Part 2,	Item 18.)
₹	OR CONTRIBUTING CAUSE OF DEATH HOUR A.N				
MEDI			LOCATION Street or R.F.D. No.	City or Town	County State
_	While The Not while The Place of Heak	OFFICE BUILDING, ETC.	COCATION SHeet OF K C.D. INC.	city of town	county
	While Not while at wark				
	22a. I certify that (I) (this haspital) a	ttended the deceased from-	12 Her , 196	7, to 14 ree_ , 19	<u>&amp;</u> , that (I) (we) la:
	saw the deceased alive an 1/2	1968, c	and that in (my) ( <del>ovr)</del> apin	nian death accurred an the do	ate and haur and fram th
	causes stated abave, (I) ( <del>we)</del> ( <del>dic</del>	d) (did nat) view the bady after	er death.		
	22b. SIGNATURE	110	ATTENDING TO ME	D STAFF D 22c.	DATE SIGNED
	Manten Have	in your Mr - DE	GREE PHYS ME	RECTOR PHYS.	6 Dec 68
	22d. PHYSICIAN'S		22e. ADDRESS	1 1	
		ARRISON	Carten	May Gud	
-			OD COPILLYONY		transition of the second
230	BURIAL, (REMATION, 23b. DATE	CARACTERY		23d. LOCATION (City or Town)	(County) (Stote)
E	REMOVAL (Specify) 12-17-68	Greensbo		Greensboro,	
24	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY		SIGNATURE
6	John 2 Boul me	Humah	DATDEC	18 1968 golio	HED JUNGE

O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Personal be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours. VR A15 (4) 30M REV. 1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18326 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 haurs after death cely med in by the funeral article parties and 2 and 2 article within 72 haurs after death (Type or print) CAM IF UNGER I YEAR 3. SEX 6 AGE (In years IF JNOER 24 HRS. DATE OF BIRTH lost birthday) MONTHS HOURS 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) DIVORCED [ WIDOWED Cartage pap ent, within 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR dyfing most of working life, even if retired give street oddress INDUSTRY 130. USBAL RESIDENCE (Where deceosed lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c CITY OR TOWN STATE 13b COUNTY physician and camp 2 remave dny 14 FATHER'S NAME Middle Lost IS, MOTHER'S MAIDEN NAME First Lost burial, crematian, or removal, and in SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address (If yes give war or dates of service) Yes)ng, or unknown) signed by the attending phy 18. CAUSE OF DEATH (Enter only one couse per line for (o), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the filed with the State Dept. af Health priar to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES DE NO [ Page 4 may be retained by the haspital or 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) μō OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Month Day Year be detached (If either, notify medical examiner) P.M 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY ) 21f. LOCATION Street or R.F.D. No. 21e PLACE OF INJURY Stote City or Town County While Not while of work DIFFICE BUILDING, ETC. 22a. I certify that (I) (this hasoital) attended the deceased framula saw the deceased alive to and that in (my) (aur) apinian death accurred an the date and haur and from the shauld (ye) (did) (did nat) view the body after death. causes stated above, (1) 22b. SIGNATURE 22c, DATE SIGNED ATTENDING director, page ... should be filed PHYS DIRECTOR PHYSICIAN'S 22e ADDRESS NAME (Type) 230 - BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) ON FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DATE OF C



250. REC'D BY REGISTRAR

18327

126 KIND OF BUSINESS OR

IF UNDER 1 YEAR

County

State

, that (I) (we) last

MONTHS

2b. HOUR

DECEASED-NAME requires that the death certificate be executed within 24 hours after death. (Type or print) 4 RACE last birthday) 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED coupling DIVORCED [ WIDOWED enn. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH give skeet oddress) during most of warking life, even if retired) CASTUN 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER remay e burial, cremation, or removal, and in ony 14. FATHER'S NAME Middle Lost 15. MOTHER S MAIDEN NAME First signed by the ottending physician and burial-transit permit. Then please rem 16b SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or/anknown) (If yes give war or dates of service) CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the State Dept. of Health prior to hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO 🔀 O FUNERAL DIRECTOR: After this certificate by the hospital or 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No City or Town White Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram... and that in (my) (aur) apinian death accurred an the date and haur and from the Poge 4 moy be retoined director, page 3 should should be filed with the 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. -MED DIRECTOR DEGREE PHYS 22e, ADDRESS 22d. PHYSICIAN'S John Knud-Hansen M.D. NAME (Type) Easton, Maryland 21601 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b DATE

**SUNERAL DIRECTOR** 



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

20 DATE OF DEATH Last **DECEASED NAME** First Middle (Type ar print) Month Yeor TANET WIMBLES MORSE December 8 968 4. RACE 6 AGE (In years IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH last birthday) HOURS Female White August 2, 1878 9ດໍ 9. COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED Canada Talbot County WIDOWED DIVORCED [ USA 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Rio Vista Nursing Home during mast af working life, even if retired.) INDUSTRY St. Michaels Housewife 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 138 INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY admission) STATE YES NO ... New York New York 1100 Madison Avenue 14 FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Last Frank Wimbles Ellen Cockburn RFD Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, na, ar unknown) (If yes give war or dates of service) Baston. 111-36-0527T Perry Schofield APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove t rise to immediate cause (o), DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO 🗌 YES 🖂 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) TOR CONTRIBUTING ( CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) AT HOME, FARM, STREET FACTORY \ 211. LOCATION Street or R F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State OFFICE BUILDING. ETC. While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram accept saw the deceased alive an -4 Cand that in (my) (our) apinian death accurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22c DATE SIGNED DEGREE ATTENDING STAFF PHYS PHYS DIRECTOR 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS REESER. St. Michaels, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (State) (County) 230 BURIAL, CREMATION 23b DATE CYCHIA (Specify) C. Washington, 1968 Lincoln Cemetery Dec 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR

O FUNERAL DIRECTOR: After this certificate 30M REV

20

the ottending physicion and completely fined sit permit. Then please remove tarked page

wither

event

and in ony

or removol,

cremotian,

burial,

far use as the k f Health prior to b has been

be detached

Dept.

filed

director, should b

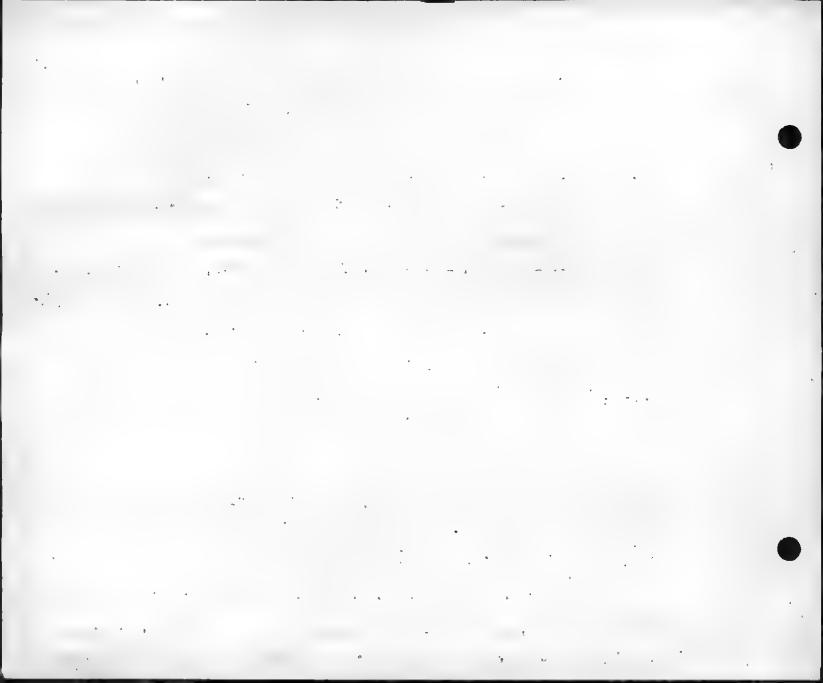
permit.

burial-tronsit

signed by

24 homrs after

requires that the death certificate be executed within





VR A15ME (5) TOM REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18331 CERTIFICATE OF DEATH 1 DECEASED NAME Lost 20. DATE OF DEATH 2b. HOUR requires that the deoth certificate be executed within 24 hours ofter deoth. ond (Type or print) 7 Month 7 / 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR lost-birthooy) 2-73-7 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED A NEVER MARRIED country) MATION WIDOWED [ DIVORCED [ 120 USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired ) INDUSTRY 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY-14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Losi Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no, or nknown) MRS W. MITCHELL YRIGE 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 5 Conditions, if ony, which gove ) burjal-transit nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES 🗔 NO 🗌 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this hospital) attended the deceased fram 12-2-64, 19, to 12-16-, 1964, that (1) (we) last saw the deceased alive on 2-17-64, and that in (my) (our) apinion death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING 12-18-68 director, page 3 should be filed w PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify)





## MARYLAND STATE DEPARTMENT OF HEALTH

18330

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

18333

				`	I CONTRACTOR OF	B-17(1)			
-25±		CEASED-NAME Type or print)	First	Middle	Lost	_ 20	DATE OF DEATH Month	Doy Yes	2b. HOUR
至原思		<u> </u>	FRA.	Dell	00071		1.2	17	68 7-7 M
age I saff	3 SE	F	4. RACE	<i>y</i>	DATE OF BI	11, 18 9	6. AGE (In ye	y) HONTHS YRS.	YEAR IF UNDER 24 HRS DAYS HOURS MIN
s. P hour	7e. I	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHI	AT COUNTRY?	8 MARRIED A NEVER MAR	KIEO!	DUNTY OF DEATH	6-4-	
ed in	10.0	117	111 114	/F OF HOSPITAL OR IN		CED	CURATION (Visit of mar)	PO/	Md.
ely filled in by the ban papers. Page within 72 hours	10. 0	EAS TO N		reel address)	ATTUTION (If not in hospital		CUPATION (Kind of work f working life, even if re		ND OF BUSINESS OR Ry
campletely fill ave carban p y event, withi	13o odm	USUAL RESIDENCE (Where dission) STATE	eceosed lived, if institution 13b. COUNTY	Residence before	DENTER	AE2 NO NO	13e STREET AND NUM	BER	
a a a	14. 1	FATHER S NAME FIRST	Middle CO	HBB	15. MOTHER'S MA	AIDEN NAME FIRST	MESSD CI	iddle	Lost
To and		WAS DECEASED EVER IN U.S		16b SOCIAL SECURITY I		R Sco	Ad	dress ( ).	U MN.
The The		IB. CAUSE OF DEATH (Ent	er only one couse per line	for (o), (b), and (c)	) . 1				PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ar re		PART I. DEATH WAS (	AUSED BY- MEDIATE CAUSE (a)	Ny pos		unuin_		-	Thays
the attending phisit permit. Then mation, ar remayd		Conditions, if ony, which	jove)	A CONSEQUENCE OF	leturantin	sund	my to		
ad by all-trans		rise to immediate couse stating the underlying co last		A CONSEQUENCE OF	nic broise	Spelm	ue .		7
on signi e buric ta buric	2	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	L DISEASE OR COND!	TION GIVEN IN PART 1(o)		
has been the as the harior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PE	RFORMED 200 AUTO	PSY?	20b. IF YES, WERE FIN CAUSES OF DEATH?	DINGS CONSIDERED	IN CERTIFYING
certificate has been hed far use as the ot. of Health prior ta	MEDICAL CER	21 o. ACCIDENT WAS UNDE ☐ OR CONTR BUTING ☐ CAUSE O (If buther, notify medical e	OF DEATH HOUR A.M.	INJURY Month Doy Year	21c HOW INJURY OCC	URRED (Enter not)	ure of injury in Port 1 or	Port 2, Item 18.)	
this cert etached Dept. c	ME	21d INJURY OCCURRED While Not while of work		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21F LOCATION Stree	t or R.F.D. No.	City or Town	County	Stote
<b>DEUNERAL DIRECTOR:</b> After this certificate has been signed by the attending phy director, page 3 shauld be detached far use as the burial-transit permit. Then shauld be filed with the State Dept. of Health prior to burial, cremation, ar remaya		22a. I certify that (I saw the decease	(this haspital) after ed alive anbave, (I) ( <del>we) (did)</del> (	Kee 1	ed from / Percongress of the second of the s	y) <del>(our)</del> apinian	, taa death accurred an	, 19 <u>68</u> , the date and h	that (I) <del>(we)</del> last aur and fram the
FUNERAL DIRECTOR: irector, page 3 shauld hauld be filed with the		22b. SIGNATURE	Vanisa	./ (	DEGREE PHYS	NG MED DIRECT	OR STAFF	22c. DATE SIGNE	668
or, pag d be fill		22d. PHYSICIAN'S NAME (Type) / H U	RSTON ,	HARRISO.	22e. ADD	RES Earl	to leng	land	
Shout direct	288	BURIAL, CREMATION, REMOVAL (Specify)	236. DATE 1) EC 20, 1968		CEMETERY OR CREMATORY	230	LOCATION (CITY OF TOW	yn) (County)	(Stote)
VR A 5 M 30M REV 1 68	24.	SUNERAL DIRECTOR Inc	ou Den	1 Denton	and	2So RECD BY RES		Clarles	Judge
Val				T					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18334 CERTIFICATE OF DEATH 5HOCLOST KLEY 2a DATE OF DEATH 1. DECEASED-NAME Middle attending physician and campletely filled in by the funeral permit. Then please remove carbon papers. Pages 1 and 2 an. ar removal, and in any event, within 72 haurs after death (Type or print) 3. SEX S. DATE OF BIRTH SE JNOÉR 1 YEAR IF LINDER 24 HRS 6 AGE (In years iast birthday) MONTHS Male Cau. 11-13-190 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED 🔀 NEVER MARRIED 🗍 country) Md. U.S.A. WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address) dumning most of working life, even if retired.) INDUSTRY Easton remuires that the death certificate bm mxecuted wi 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d NSIDE CITY LIMITS? 🕽 🕞 admission) - STATE 13b. COUNTY Carola Md. YES 😿 None 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Thomas Shockley Mary Smith 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, ng, or unknown) burial, crematian, ar remaval, 215-20-2625 Josephine Shockley, Goldsboro 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Cerebra DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) signed by the burial-transif rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tal nas been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO T FUNERAL DIRECTOR: After this certifimte 21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year letached fa Dept. af h P.M. (If either, not fy medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State 2\d. INJURY OCCURRED While Mat while at work at work 22a. I certify that (I) (this haspital) attended the deceased from 12-2, 1968, to 12-4, 1968, that (I) (we) last saw the deceased alive an 12-3 1968, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING Robert W. Trever director, page 3 Sshoyld be filed v DEGREE DIRECTOR 22e ADDRESS 22d. PHYSICIAN'S Robert W. Trever, M.D. Easton, Md. 21601 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b DATE (County) 23a. BURIAL, CREMATION, Greensboro Greensboro Carolina ADDRESS



_		It	tem23b FilmGh07 12/16/68 1cMARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1			DIVÍSION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	18335
			CERTIFICATE OF DEATH	10000
# 28 E			DECEASED NAME First Middle Lost 20. DATE OF DEATH  (Type or print) Robert Control of December 1.7 Month Control of December 1.	av / Year 2b HOUR
8 4 8		Ľ.	Baby Girl DMALL / 5- 4-	60 10A
S offer		3. SE	Female A. RACE Col S. DATE OF BIRTH 6 AGE (In years lost birthday) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
4 hour in by ers. P			8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 7	BOT
rthin 2. ly filled on pop within	, .	10. C	CITY OR YOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired)  12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired)	
physician. signed by the attending physician and completely filled in by the themper buriol-tronsit permit. Then please remove carbon popers. Pages trend buriol, cremotion, or removal, and in any event, within 72 hours after deal buriol, cremotion, or removal, and in any event,	1.4	13o odm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before Its. CITY OR TOWN ITS INSIDE CITY LIMITS? ITSEET AND NUMBER ITS. COUNTY Albert McDaniel	
mo v	,	14. F	FATHER'S NAME First Middle Last 15, MOTHER'S MAIDEN NAME First Middle	Last
l s s s	á		Unknown Vivian Theresa Small	
cial ease and			o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
ertificate physicial nen pleas tovat, anc		ľ	Yes, na, or unknown) (If yes give war or dates of service) Vivian Theresa Small McDani	el Md.21647
cert Ig pl			18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
he death cer attending p permit. The			PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Lespiraton Failure	
e de atte serm on, c			76.2 DUE TO, OR AS A CONSEQUENCE OF	
at the tisit provided			Canditions, if any, which gave rise to immediate couse (a), (b)	
tha an. by ron			stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
equires tho physician. signed by buriol-tron buriol, crer			lost, (c)	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or ottending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia director, page 3 should be detached for use as the buriol-tronsit permit. Then pleas should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, an		2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
law endi s be as th	1	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The office of the has	3/.	RTIFI	YES NO CAUSES OF DEATH?	
I or cote				, Item 18)
pite printing of the second		MEDICAL	(If either, natify medical examiner) P.M. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retoined by the hospital or ottending TO FUNERAL DIRECTOR: After this certificote has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to		₩	21d. INJURY OCCURRED While Not while of work of wark	Caunty State
NG Y the rect of the dieter			220. I certify that (1) (this haspital) attended the deceased from 2 9 196, ta 12-9	9.68 , that (1) (we) la
OR ATTENDING be retained by the NIRECTOR: After a e 3 should be de ed with the State			saw the deceased alive on	lote and hour and from th
ATT efforts for the state of th			22b SIGNATURE 22c	. DATE SIGNED
OR DIRE			John G Hambling DEGREE PHYS. DIRECTOR DIRECTOR PHYS	12-9-68
TAL Doy 1	j		22d. PHYSICIANT 22e. ADDRESS	
SPI) 4ER/ Tor/ To b		,	NAME (Type) John A. Hawkinson, M.D. Easton, Md.	
ro Hospital Poge 4 may To Funeral I		23a.	BURIA CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)  Memorial Hospital Easton. Md.	(County) (State)
24 52 2			PUBLICATION ADDRESS OF STREET AND ACCUSAGE OF	C CICHATURE
VR A15 (4) 30M REV 17	68	24. N		ionly Judge



1		Ιt	em23 FilmG407 12/12/68 kk MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
10	1		
			CERTIFICATE OF DEATH
death.	fuperal and 2 ex death	(1	receased NAME you ar print) William Francis Smith 20. DATE OF DEATH Manth (Day reas 2b, HOUR-
haurs after death	\$ 5 E	3.51	male negro 6/1/1899 lost artifold YRS. MONTES DAYS HOURS MIN
hau	Paris Py	Court	STRIPPLACE (Store or foreign   7b. CITIZEN OF WHAT COUNTRY   8. MARRIED   NEVER MADRIED   9. COUNTY OF DEATH   WIDOWED   DIVORCED   MICHAEL   MI
With the same	And Day	2	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  12. USUAL OCCUPATION (Kind of work dane give street address)  12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  12. Visit of USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  12. Visit of Work dane during mast of working life, even if retired.)
executed	and complete remave cark any event.	adto	USLAL RESIDENCE (Where deceased weet if institution Residence before 13c CITY OR TOWN  STATE
e pe ex	and rem		Larie Ineth Model Lost Is MOTHER MAIDEN NAME First Middle Lost
requires that the death certificate be			WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO 17 INFORMANT  17 INFORMANT  17 INFORMANT  17 INFORMANT  18 INFORMANT  18 INFORMANT  19 INFORMANT  17 INFORMANT  18 INFORMANT  18 INFORMANT  19 INFORMANT  19 INFORMANT  10 INFORMANT  10 INFORMANT  10 INFORMANT  10 INFORMANT  10 INFORMANT  11 INFORMANT  11 INFORMANT  12 INFORMANT  13 INFORMANT  14 INFORMANT  15 INFORMANT  16 INFORMANT  17 INFORMANT  17 INFORMANT  18 INFOR
eath ce	an. by the attending phys transit permit. Then p crematian, or remaval,		18. CAUSE OF DEATH (Enter only one cause per sine for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Procuropia ret. Lower Police  7 9 days
t the d	the attraction sit permonation,		DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a).  (b)  Chronic alcoholism  Uncerticut
res tha	nysician. igned by the urial-transit urial, crema		stating the underlying cause lost. (c)
w requi	ing pny sen sign he bur i ta bur	NC NC	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The lay	arrena has be sse as 1 th prior	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO CAUSES OF DEATH?
PHYSICIAN:	piral or rifficate id for u of Hea	MEDICAL CE	21c ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Items 18.)  OR CONTRIBUTING CONTRIBUTING CONTRIBUTING P.M. Month Day Year  (If either, notify medical examiner) P.M. 19
G PHYS	the nas this ce detache te Dept.	W	21d INIURY OCCURRED While Not while of wark 21e PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f LOFATION Street or R.F.D. No. City or Town County State of work 21e of work 21e PLACE OF INJURY (AT HOME, FACTORY.) 21f LOFATION Street or R.F.D. No. City or Town County State  Of work 21e PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f LOFATION Street or R.F.D. No. City or Town County State  Of work 21e PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f LOFATION STREET FACTORY.
TENDIN	ned by IR: After Juld be the Stat		22a. I certify that (I) (this hospital) ottended the deceosed from 11-25, 1968, to 12-6, 1965 that (I) (we) los saw the deceased alive an 12-6 and that in (my) (our) apinion death accurred on the date and haur and from the causes stated abave (I) (we) (did (did not) view the body ofter death.
OR AT	be reraine DIRECTOR: ge 3 shaule led with th		226 SIGNATURE  ROBert W. Trever DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  DIRECTOR D STAFF DIRECTOR D PHYS.  12-6-68
O HOSPITAL	rage 4 may be O FUNERAL DIF director, page should be filed	L	22d. PHYSICIAN'S NAME (Type) Robert W. Trever  22e. ADDRESS Laston, Maryland
TO HO:	direct shoul		BUR AL, CREMATION, PENOVA (Expecify) 236. DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) County (State)
	VR A15 (4) 30M REV 1/68	24.	ADDRESS 250. RECD BY REGISTRAR 250 REGISTRAR SIGNATURE PATE C 9 1968 ICharley Pure



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18337 CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME First 2o. DATE OF DEATH requires that the death certificate be executed within 24 hours after death. -0 (Type or print) 4. RACE 3. SEX MONTHS DAYS HOURS 76 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED WIDOWED 1 INSTITUTION (If not in haspital 12o USUAL physicion and complefely RESIDENCE (Where deceosed lived nstitution: Residence before CITY OR TOWN .3d INSIDE CITY JIM TS? 13e STREFT AND NUMBER burial, cremation, or removol, and in any event please remove **FATHER'S NAME** First Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT or unknown) (If yes awe wan or dates of service) the offending phys APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Mrunia IMMEDIATE CAUSE (o) 4 8 5 X Conditions, if any, which gave ) DUE TO, OR AS A CONSEQUENCE OF **burial-transit** rise ta immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ be retained by the haspital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ŏ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work at work 22a. I certify that (I) (this haspital) attended the deceosed frame 22 Acc, 1947, to 1967, that (I) (me) lost saw the deceased alive an 26 Acc 1967, and that in (my) (our) apinion death occurred an the date and have and from the causes stated above, (I) (walking) (did not) view the body after deoth. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS DEGREE DIRECTOR PHYSICIAN S 22e. ADDRESS NAME (Type) / HURSTON HARRISON director, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 2Sg. REC'D BY REGISTRAR 30M REV. 168 DATE JAN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost DECEASED-NAME First Middle 20. DATE OF DEATH death The law requires that the death certificate be executed within 24 hours after death (Type or print) dna N. Summers signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave (arbon papers Pages, ) and 72 hours after 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX last birthday) Female White 1/26/1890 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH <sup>8.</sup> Married 🎮 Never Married 🗀 country) Talbox USA WIDOWED DIVORCED 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) givestreet orderess) INDUSTRY St. Michaels 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER 13d, INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Talbot YES 🔂 NO 🗌 aston 14. FATHER'S NAME Last 15. MOTHER S MAIDEN NAME First Middle Ida Robinson John Neunam 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Russell Summers. Yes no or unknown) burial, crematian, or removal, APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 📑 NO X use Health the haspital ar 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED [Enter nature of injury in Part 1 or Part 2, Item 18] ģ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY ) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work be retained causes stated abave, (1) (we) (did ) (did nat) view the bady after death. 22c. DATE SIGNED DEGREE **ATTENDING** DIRECTOR , page be filed PHYS PHYS PHYSICIAN'S 22e. ADDRESS directar, NAME OF CEMPERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) pring Hill aston. 250 RECD BY REGISTRAR 255. 30M REV. 1/68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 18339 I. DECEASED-NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR signed by the attending physician and cappletely filled in by the funeral burial-transit permit. Then please remaye-carbon papers. Bages 1 and 2 burial, cremation, ar remayal, and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 haurs after death (Type or print) 2 Month Toylor Thomas 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years SE UNDER 1 YEAR IF UNDER 24 HRS. 10-26-1339 Ubite last birthday) 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | country) Talbot WIDOWED K DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during most of wasking life, even if retired 1/ - HNDUSTRY URRIGH 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13c. CITY OR TOWN Fad. INSIDE CITY LIMITS? 13b. COUNTY 14. FATHER 5 NAME First Middle 15. MOTHER'S MAIDEN NAME First 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no. ar/unknown) BSTERL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY Longestratel DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF physician stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p O FUNERAL DIRECTOR: After this certificate has been the Health priar to CERTIFICATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING GS. **CAUSES OF DEATH?** YES [7] NO E Page 4 may be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year <del>d</del> P.M. (If either, notify medical exominer) shauld be detached 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 121f LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased fram. 10-25 158, ta saw the deceased alive an 12 - 5 \_\_19\_6Y, and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** directar, page shavid be filed PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) CKI 11147 10 FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNAT JOM REV 11-48

MARYLAND STATE DEPARTMENT OF HEALTH



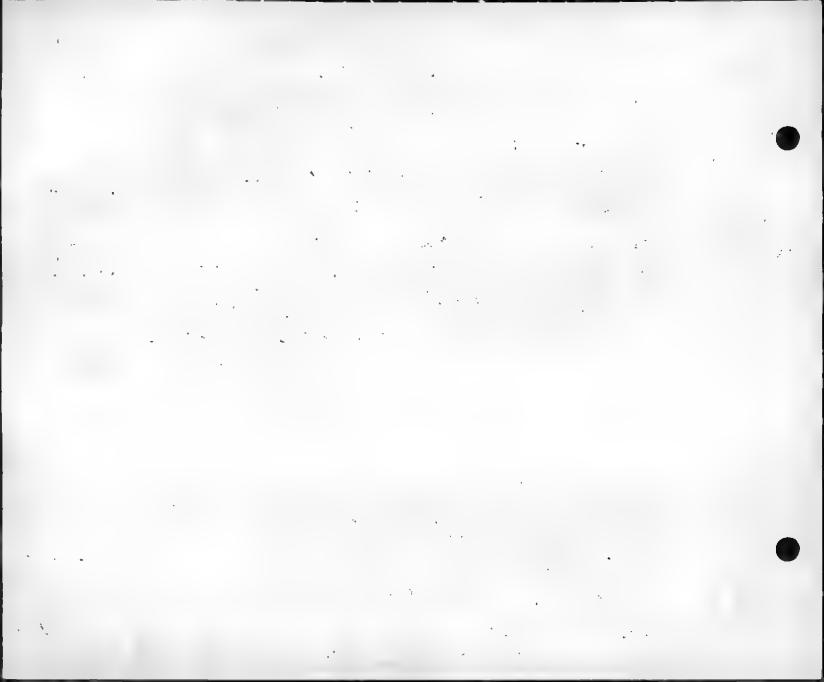
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove karban papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, crematian, or remaval, and any event, within 72 hours after death.

TO HISPITAL OR ATTENDING MIYSICIAN: The law requires that the denth certificate be executed within 211 hours after

Page 4 may be retained by the haspital ar attending physician.

VR ATS (1)

	The Control		CERTIFIC	CATE OF DEATH							
	ECEASED-NAME FURT	Middle	·	Last	20. DATE OF DEATH	2b. HOUR					
(1	(ype or print)	NASIL F		Managas	Month	Doy Year 8/1250 M					
3. SE	X	4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.					
	Male	Negro		March 1,	1899 lost birthdoy) ye	MONTHS DAYS HOURS MIN.					
7a. I		7b CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 COUNTY OF DEATH	, ,					
נטטו	Marvland	USA	WIDOWED		146.	Md.					
10. (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If		AL OCCUPATION (Kind of work dar						
	Easton	give street oddress)	Lemo	KION Wat	iost of warking life, even if retired Cerman	None					
13a	USUAL RESIDENCE (Where decease	ed lived, if institution: Residence befo	re 13c CITY O			St. Micheals					
oam	Maryland	13b COUNTY Talbot	E	25 FON YESK N	0□ 108 Talbo	t Street					
14.	FATHER'S NAME First	Middle Last	1	IS. MOTHER'S MAIDEN NAME	First Middle	Last					
	Randall	Thoma		Elvira		Thomas					
	WAS DECEASED EVER IN U.S. ARME  (es, ng, or unknown) [ (If yes give wo)	ED FORCES? 16b. SOCIAL SECURI	TY NO 17.	INFORMANT	Address	Micheals					
	NO.		4805 M	rs. Nannie	Thomas 108 Ta	al.St.St.					
	18. CAUSE OF DEATH (Enter only	y one couse per line for (a), (b), 903t	(q):)	/) `		APPROXIMATE INTERVAL BETWEEN ONSET AND OGATH					
	PART I. DEATH WAS CAUSED		ale	- Kart	eere!	1128					
	IMMEDIAT	TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE	OF.	01.0-	0 .						
	Canditians, if any, which gove	DUE TO, OK AS TAXABONSEQUENCE	0 0 0	o Ja Ti	raidio.	nd -					
	rise to immediate couse (a), (	rise to immediate couse (a)									
	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE	DUE TO, OK AS A CONSEQUENCE OF								
	lost,	(t)	100	-0 // OC-	100						
	PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED 1	TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)						
×	4221										
MEDICAL CERTIFICATION	190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY?		S CONSIDERED IN CERTIFYING					
F				YES NO D	CAUSES OF DEATH?						
GR.	21a. ACCIDENT WAS UNDERLYING	G 21b TIME OF INJURY	21c H		er nature of injury in Part 1 or Port	2, (tem 18.)					
정	OR CONTRIBUTING CAUSE OF DEATH		ar	·	, ,	•					
MED	(If either, natify medical examine 21d, INJURY OCCURRED 21e, F	er) P.M PLACE OF INJURY ( AT HOME, FARM, STREET,	19 FACTORY 31 215 1	OCATION Chront or D.E.D. No.	). City or Town	County State					
	While   Not while	OFFICE BUILDING, ETC.	211. 1	OCKHON SHEET OF K.F.D. INC	city of fown	County Stole					
	at work at work			16.15	1)-0	10/10/10/10					
	220. I certify that (I) (this	s hospital) attended the dece	osed from	- Land 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ta / ol. d.,	196 t, that (1) (we) last					
	saw the deceased ali	, (I) (we) (did not) view th	ne body after	ra mor in (my) (a <del>ur</del> ) ap	inion deoin occurred on the	date and hour and from the					
	22b. AIGNATURE	, (1) (we) (sha) (diamon) view ii	/ L	. A	1 2	2c. DATE SIGNED					
		preste	DEG		MED STAFF DIRECTOR PHYS.	2 8-65					
1	27 PHYSICIAN'S Q	1000	10.	22e. ADDRESS	000	1 - 1					
	NAME (Type) Lee	4 M Mile	ect.	In ATME	Macke	MA					
230.	BURIAL, CREMATION, 23b D	ATE 23c NAME	OF CEMETERY O	R' CREMATORY	23d LOCATION (City ar Town)	(County) (State)					
	REMOVAL (Specify)	2/10/68 Roya	1 Oak		Royal Oak T	albot Maryland					
24.	FUNERAL DIRECTOR	ADDR	FSS	2Sa. REC'D	BY REGISTRAR 2Sb. REGISTRA	AR S SIGNATURE					
7	Dashiell Fin	Easton, Mary	land 2	1601 DATUE C	1 2 1968 gely	arles Judge					
1	1154 11514CBV	10 AG 1 ( 10 ING 151	A.ABOO G	J. F. MINE	THE INDIAN						



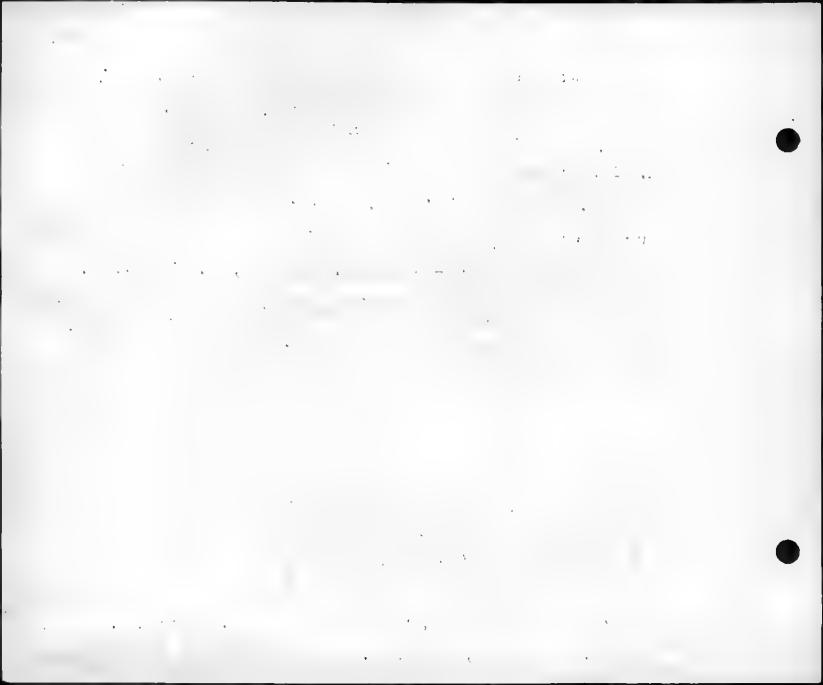
## MARYLAND STATE DEPARTMENT OF HEALTH

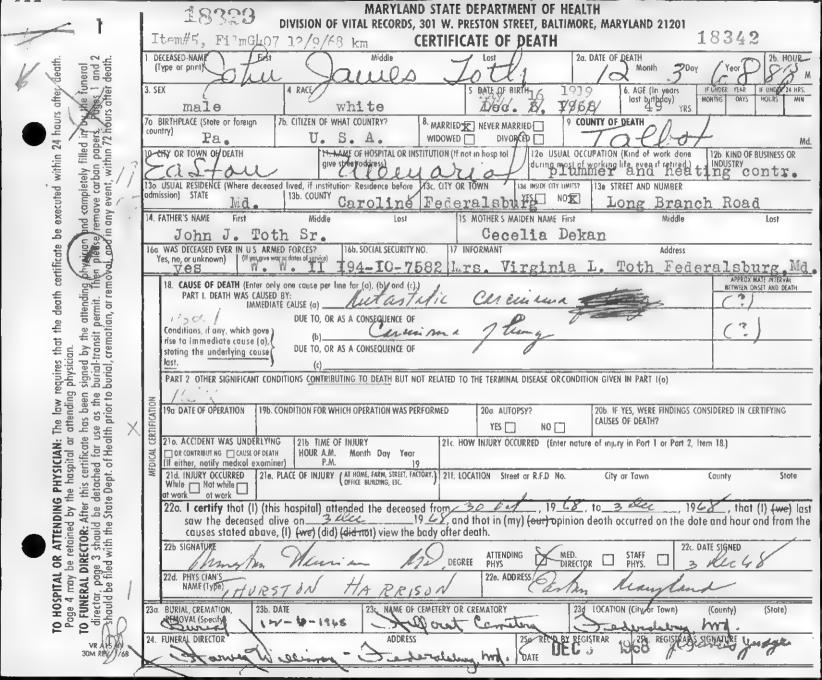
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

18341

# =	and 2 deoth.			(Pe or print)	Roy Th	42 MOCT - 4	Middle		Lost	20 DATE OF		oy 10/60?	2b. HOUR
r de	- de		3 SE			4. RACE		Ic	DATE OF BIRTH		6. AGE (in years	IF UNDER 1 YEAR	1F UNDER 24 HRS.
offe he f	ges 1 after		2 16	Male		Whia	40	3.	10/3/1892	)	lost_bjøthday)	MONTHS DAYS	HOURS MEN.
urs	ris. Pages 1 and 2 haurs after deat	2	7o. E	IRTHPLACE (State or	foreign 71	). CITIZEN OF WI		8. HADDIED (T	MEVER MARRIED [	9 COUNTY OF	DEATH YRS		
h h			canu		0.0.9.	115		WIDOWED	DIVORCED [	Tall			àā.l
n 24 Ilad	poper hin 72	,		TY OR TOWN OF DEA		11. N/	AME OF HOSPITAL OR INS	TITUTION (If nat a	n haspital 12a USU	AL OCCUPATION	(Kind of work done	12b KIND OF	BUSINESS OR
withii alv fi	bon poper within 72			it. Micha				RFD#1	dynne	et by working	theirectepten	te Moustry	
cuted within 24	remove corbon in any event, with	4		USUAL RESIDENCE (Wission) STATE	nere deceased	lived, if institut 136. COUNTY	Residence before Talbot	St. Mi		LIMITS? 13e. ST	REET AND NUMBER		
res that the death certificate be executed within 24 haurs after death sician.		7	]4. F	Elan Tho	First mas	Middle	Lost	15. M	Elvira	First	Middle		Last
ate	and			WAS DECEASED EVER	IN U.S. ARMED		16b. SOCIAL SECURITY N				Address	44.4	W-0-1
fiffic bye	Val.		Y	no or unknown)	(If yes give war or	E GOTHS OT SHIVICH	148-01-9	073 Mrs	. Roy Thom	as, St.	Michael		
rer l	ronsit permit. Then ple remation, ar remaval, a			1B. CAUSE OF DEAT	K (Enter anly e	one cause per li	fo (a) (b), and (c)		7.				AATE INTERVAL HSET AND DEATH
eoth Profi	permit.			PART I. DEATH	WAS CAUSED B IMMEDIATE	CAUSE (a)	Makel	nen	allore	1		61	allan
b ac	per ion,			188×		DUE TO, OR	SA CONSEQUENCE OF	100	4016	1 11 11	11.	CC,	m.
th to	ronsit cremat			Conditions, if ony, v rise to immediate		(b)	LANA	MIM	M UJ 100	acu		-04	4
ign.	te to			stating the underly	ing couse	DUE TO, OR A	S A CONSEQUENCE OF					V	
uire hysid	buriol				IEICANT CONDI	(c)	TING TO DEATH BUT NO	OT PELATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVE	I IN PART 1(a)		
req p b	5 e 5		_	1×11	III CONVI	TOTO CONTINUES	THE TO SERVICE SERVICE	ALDRED TO T	IL TERMINAL DISEASE OR	CONDITION SIVE	t to rake iquy		
low indir	rior	V	CERTIFICATION	190. DATE OF OPERAT	ON 196. CO	NDITION FOR WH	ICH OPERATION WAS PER	FORMED	20a. AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
The offer	Se of		E E						YES NO		OF DEATH?		
N: Or	for use Health		E (E	21a. ACCIDENT WAS		21b. TIME OF HOUR A.M.	INJURY Month Doy Yeor	21c HOW	INJURY OCCURRED (Ente	er nature of inju	y in Part 1 or Port 2	, Item 18.)	
SPC Spite	pg -		DIG	(If either, notify me	dical exominer)	P.M.	19						
H of	tach )ept		2	21d. INJURY OCCURI While   Not while at work   at wark	ED 21e. PU	ACE OF INJURY	( AT HOME, FARM, STREET, FAC , OFFICE BUILDING, ETC.	TORY.) 21f LOCA	TION Street or RFD No	o. City	or Town	County	State
the tree	de			at work at work	ot (I) (tittee	Imenital) atte	and the decore	d from 20	10/1/10/10/	28 to 18	- (P)	0 /18 that	(I) (wah laat
d by	e Ste			saw the de	reased aliv	e an $\angle S$	anded the decease	9,028, and t	hat in (my) ( <del>our) o</del> p	inian death	ccurred on the d	late and haur (	and from the
Jine 9	4 P E			sauses stell	ed/abave, (	1) ( <del>v/p) (did)</del>	(did nat) view the l	oady after dec	ith.				
R A	38 ¥ ¥ ¥ ¥			22b SIGNATURE	oull.	1/0/1	ATX IL	1)		MED.	STAFF .	DATE SIGNED	10
0 a 2	poge e filed			226. PHYSICIAN'S	M	(N/1	My V	DEGKEE	PHYS (	DIRECTOR L	PHYS.	160	70
PITA mo	D D			NAM (Type)					120 Noontas				
Poge 4 moy	director	0	230.	BURIAL, CREMATION,	23b, DAJ	Earlan/	O 235 NAME OF	EMETERY OR CR	EMATORY	23d LOCATIO	N (City or Town)	(County)	(Stote)
Poge	.₽æ	X				*17/1960					in (City or Town)		
3	VR A15 [4 10M REV. 1	68	24	FUNERAL DIRECTOR	NEWAY	1/1 & SO	W, Easton	, Md.		BY REGISTRAR C 1 8 19	25b. REGISTRAR	'S SIGNATURE	lgs.







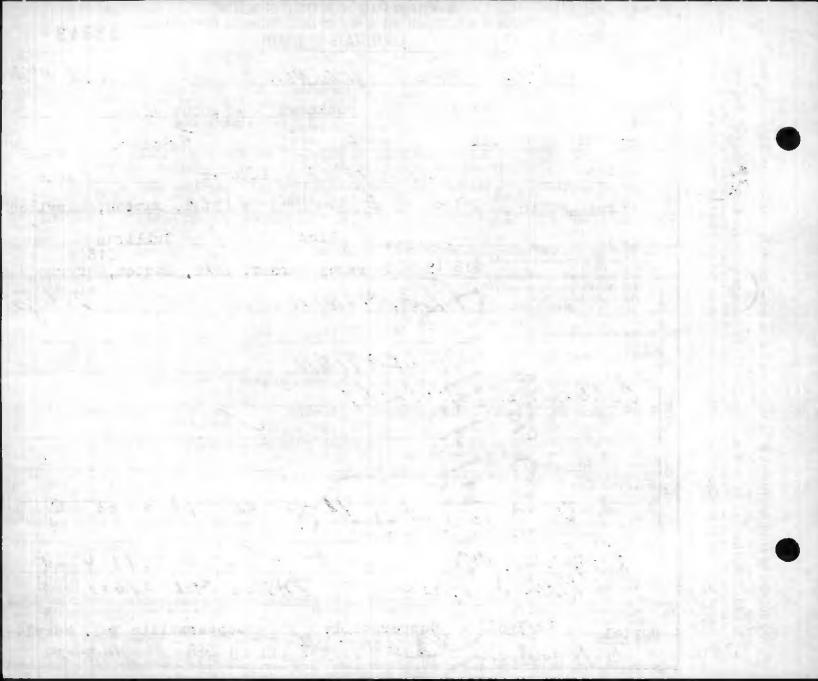
- 12	-1	35	-		28	4
4	C	iri	3	ŋ	1	

DIVISION OF VITAL RECORDS, CERTIFICATE OF DEATH

	many The Table of the		CEIVIII	ITALE OF E	/ E/Alli						
	ECEASED-NAME First	,	Middle	Lost	20	DATE OF DEATH	AL D	V	2b. HOUR		
- (1	Type or print)	VIXA /	1Ae	WORN	1eR	Doca	1th 3 Day	19/18	4 KGAM		
3. SI	EX	4. RACE		5. DATE OF BIRT	[H		(In years	IF UNDER I YEAR	IF UNDER 24 HRS.		
	Female	Negro		Unkno	wn	About	irthdoy) Q 2 YRS.	MONTHS CAYS	HOURS MIN.		
70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUR	NTRY? 8. MARR	RIED NEVER MARRI	ED    9. CI	DUNTY OF DEATH	, ,	1			
caui	Maryland	USA		VED DIVORC		TA	600)		Md.		
10. 0	CITY OR TOWN OF DEATH		OSPITAL OR INSTITUTION	(If not in hospital	120. USUAL OC	CUPATION (Kind o	work done	12b. KIND OF I	BUSINESS OR		
	Easton	give street ode	Me M	oxial	Lab.	f working life, eve orer	n if retired.)	INDUSTRY	one		
13a.	USUAL RESIDENCE (Where deceos	LANG COLUMN			3d. INSIDE CITY LIMITS?	13e. STREET ANI	NUMBER				
QUIT	ission) STATE Maryland	13b. COUNTY Tal	bot 🔑	195ford	YES NO 💂	Rt#2.	East	on Ma	ryland		
	FATHER'S NAME First	Middle	Lost	1s. MOTHER'S MAIL	DEN NAME First		Middle		Last		
	James		Roberte	Alice			Sulli	van			
l6a	. WAS DECEASED EVER IN U.S. ARM Yearn or unknown) (If yes give w	enr or dotes of service)		17. INFORMANT			Address	21601			
	I. M. O. O. O. WILLOW!	216	18 8809	Percy Wa	arner.	Rt#2	Eastor	Mary	land_		
	18. CAUSE OF DEATH (Enter on	ly one cause per line far (a						APPROXING	MATE INTERVAL NSET AMO DEATH		
	PART I. DEATH WAS CAUSED	D BY: ATE CAUSE (a)	NEUN	YONIK	9			20	days		
	486X										
	Canditians, if any, which gave										
	rise to immediate cause (o).  stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
	last. 493 X (c) PAPIKA 110N										
	PART 2. OTHER SIGNIFICANT COL	ADITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMINAL	DISEASE OR COND!	ITION GIVEN IN PAR	T 1(o)				
80	CEREISA	CAL M	POPLE	X							
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPER	RATION WAS PERFORMED	20a. AUTOPS	SY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
RTIFI			- 12	YES	NO 🕒						
	21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT	- CON (1) 10 01 1119 0111	Day Year	c. HOW INJURY OCCU	RRED (Enter note	ure of injury in Por	1 1 or Port 2, 1	Item 18.)			
MEDICAL	(If either, notify medical exami	ner) P.M.	19								
×	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, OFFICE BI	, FARM, STREET, FACTORY.) 21 UILDING, ETC.	if. LOCATION Street	or R.F.D. No.	City or Town		County	State		
	at work at work					a/					
	22a. I certify that (1) (th	is hospitol) attended	the deceased from	117	5,19 60	, 10/ 2	-3, 19	60, that	(We) last		
	saw the deceased a	live an / / -	it) view the hody of	ter death	(our) opinior	a death accurre	d on the do	te and hour o	and from the		
	couses stated above, (I) (we) (did) (did not) view the body after death.  22c, DATE SIGNED.										
	1 Just	w m	,	DEGREE PHYS.	MED.	TOR STAFF		2-4-	68		
	22d. PHYSICIAN'S	2.201 -11	1.001	22e. ADDRI	ESSA	I no J	101	1 1			
٠.	NAME (Type)	HARD 17	1000	1	175101	VITA	216	501			
230.	BURIAL, CREMATION, 23b.	DATE 2	3c. NAME OF CEMETERY	OR CREMATORY	23	d. LOCATION (City	ar Tawn)	(County)	(State)		
	REMOVAL (Specify)	2/7/68	Coppers	ville	. 0	oppersy	ille	Tal M	a rylov		
24.	FUNERAL DIRECTOR	15/1	AADDRESS 42	6 North	Zsa. REC'D BY RE	GISTRAR 25h	. REGISTRAR'S	SIGNATURE	- Jack		
	1. 5. Na	sprill 6	- asico	vi ani	DAT DEC 1	0 1968	Huran	les your	ge.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death-certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

SOM REV 18



MARYLAND STATE DEPARTMENT OF HEALTH

